

Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: UNIVERSAL LIGHT TRANSMISSION
Attorney Docket Number:: FUKUMOTO 6
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Toshihiro
Middle Name::

Family Name:: FUKUMOTO
Name Suffix::
City of Residence:: Shinjuku-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: 1-1-15-816 Kami-ochiai
City of Mailing Address:: Shinjuku-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 161-0034
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Keiko
Middle Name::
Family Name:: EBATO
Name Suffix::
City of Residence:: Shinjuku-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: 1-14-14-201 Nishi-ochiai
City of Mailing Address:: Shinjuku-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 161-0031
Correspondence Information
Correspondence Customer Number:: 001444
Representative Information
Representative Customer Number:: 001444
Domestic Priority Information
Application:: Continuity Type:: Parent Parent Filing
This Application National Stage of Application:: Date::
PCT/JP03/014396 11-12-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::